FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL		
OMB Number:	3235-0076	
Expires:	May 31, 2005	
Estimated average	burden	
hours per respon	1se1	
SEC USE	ONLY	
Prefix	Serial	
DATE RE	CEIVED	

Name of Offering (check if this is an amendment and name has changed, and indicate change.) February 2005 Bridge Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) SULOE
A. BASIC IDENTIFICATION DATA	1 - 5 5 Miles - 7
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) iConclude Co.	18573
Address of Executive Offices (Number and Street, City, State, Zip Code) 10922 80 th Place NE, Kirkland, Washington 98034	Telephone Number (Including Area Code) (425) 820-7451
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as Above	Telephone Number (Including Area Code) Same as Above
Brief Description of Business Software Applications	PROCESSED
Type of Business Organization Corporation limited partnership, already formed business trust limited partnership, to be formed other	MAR 0 1 2005 E (please specify): THENSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Month Year 0 1 0 5	Actual Estimated rate: D E

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 	of the issuer;
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General a	
Full Name (Last name first, if individual)	
Gupta, Sachin	
Business or Residence Address (Number and Street, City, State, Zip Code)	
10922 80th Place NE, Kirkland, Washington 98034	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General a	and/or g Partner
Full Name (Last name first, if individual)	
Gerber, Jeffery	16
Business or Residence Address (Number and Street, City, State, Zip Code) 10922 80 th Place NE, Kirkland, Washington 98034	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managin	
Full Name (Last name first, if individual)	
Cronus Ventures, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
6517-151st Place SE, Bellevue, Washington 98006	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managin	
Full Name (Last name first, if individual)	
Madrona Holdings III, LLC	-
Business or Residence Address (Number and Street, City, State, Zip Code)	
1000 Second Avenue, Suite 3700, Seattle, Washington 98104	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managin	
Full Name (Last name first, if individual)	
McIlwain, Matt	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1000 Second Avenue, Suite 3700, Seattle, Washington 98104	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General : Managin	
Full Name (Last name first, if individual)	
Remala, Rao	
Business or Residence Address (Number and Street, City, State, Zip Code)	,
6517- 151st Place SE, Bellevue, Washington 98006	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managin	
Full Name (Last name first, if individual)	
Montegut, Christian	
Business or Residence Address (Number and Street, City, State, Zip Code)	
701 Fifth Avenue, Suite 5100, Seattle, Washington 98104	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

A. BASIC IDENTIFICATION DATA

2. Enter the information re-	quested for the follow	ving:			
 Each promoter of the 	issuer, if the issuer l	nas been organized within the	e past five years;		
 Each beneficial owner 	er having the power t	o vote or dispose, or direct th	e vote or disposition of, 10%	or more of a class	of equity securities of the issuer.
 Each executive office 	er and director of cor	porate issuers and of corpora	te general and managing part	ners of partnership i	ssuers;
 Each general and ma 	naging partner of par	tnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Schultheis, Patrick	individual)				
Business or Residence Addres 701 Fifth Avenue, Suite					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)	·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			· ·	
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			

	. ,			В.	INFOR	MATION A	ABOUT OF	FERING	-			
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes	No ⊠			
2. Wh	at is the minimu	m investmen	t that will be	accepted fro	om any indivi	dual?		••••••		••••••••	\$	N/A
3. Do	es the offering pe	ermit joint ov	vnership of a	single unit?	***************************************		*************	******************			Yes ⊠	No □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar											_	
per tha	nuneration for so son or agent of a n five (5) person ler only.	broker or dea	aler registered	d with the SE	EC and/or wit	h a state or st	ates, list the r	name of the b	roker or deal	ler. If more		
	ne (Last name fir	st, if individ	ual)	-		······						
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	e, Zip Code)				•		3474	
Name of	Associated Brok	ker or Dealer										
States in	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers				***************************************			
(Chec	k "All States" or	check indivi	duals States)		******************			*****************	****************		☐ A!	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [NE]	[NV]	[NH]	, [NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nan	ne (Last name fir	st, if individu	ual)							·		
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)							
Name of	Associated Brok	ker or Dealer									.	
States in	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers					·····		
(Chec	k "All States" or	check indivi	duals States)	***************************************		•••••			••••••		☐ Ai	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nan	ne (Last name fir	st, if individu	ual)	****								
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	e, Zip Code)				1		* pa* (m).	
Name of	Associated Brok	ker or Dealer		,								***
States in	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Chec	k "All States" or	check indivi	duals States)	•••••			••••••		········		□ A	Il States
	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[AL]	[]					EN APPR	D (D)	TENA A 3	[MI]	n an	D 401	D. (O.)
[AL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[1411]	[MN]	[MS]	[MO]
	[IN]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[NY]	[NC]	[ND]	[OH]	[MN] [OK]	[MS]	[MO] [PA]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$500,000.00
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ 50.00	\$
	Partnership Interests		\$
	Other (Specify)		\$S
	Total		
		\$ <u>500,050.00</u>	\$500,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	4	\$ 500,000.00
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.	•	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		
			\$
1 .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\square	\$5,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$ \$
	Other Expenses (identify)		_
	Total		\$
	A VIGI	\boxtimes	\$5,000.00

	C. OFFERI	ING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE OF PROCEEDS	
	total expenses furnished in response to I	regate offering price given in response to Part C - Question Part C - Question 4.a. This difference is the "adjusted gros	s	\$495,050.00
5.	the purposes shown. If the amount for ar	d gross proceeds to the issuer used or proposed to be used for ny purpose is not known, furnish an estimate and check the b ments listed must equal the adjusted gross proceeds to the ib b above.	ox to the	
			Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees		🗆 \$	\$
	Purchase of real estate		П«	П
	Purchase, rental or leasing and installati	ion of machinery and equipment		S
	Construction or leasing of plant building	gs and facilities	🗆 \$	S
	Acquisition of other businesses (includi	ing the value of securities involved in this offering that ma	v be	
	used in exchange for the assets or secur	ities of another issuer pursuant to a merger)	S	S
	Repayment of indebtedness			□ s
			•	
	· ,			
	Other (specify):		S	S
	Column Totals		🗆 \$	S 495,050.00
	Total Payments Listed (column to	tals added)	🛛 \$ 49	25,050.00
		D. FEDERAL SIGNATURE	·	
Γhe	issuer has duly caused this notice to be sign	ed by the undersigned duly authorized person. If this notice is	filed under Rule 505, the following	z signature constitutes a
		curities and Exchange Commission, upon written request of it		
ecci	uer (Print or Type)	Signature	Date	
icci Issi Co	ner (Print or Type) nclude Co. me of Signer (Print or Type)	Signature Title of Signer (Print or Type)	Date February 23, 2005	

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)